PERSONNEL -		PROJECT TITLE:		
OVERTIME		APPLICANT AGENCY:		
INSTRUCTIONS				
 This form should include any requested overt Under Name of the Individual, list the name the overtime is being requested for. Under the column entitled Basis for Cost Est formula for computing overtime cost for each 		e of the person who timate, enter the	 Enter the total in the Total Costs column. Under the Fringe Benefits section, identify the particular benefits, if any, associated with the overtime costs. If you are submitting this form with the PERSONNEL budget page, add the costs from both pages prior to transferring the totals to the <i>Application for Funding</i> form. 	
NAME OF INDIVIDUAL		BASI	S FOR COST ESTIMATE	TOTAL COST
OVERTIME SUBTOTAL				\$
FRINGE BENEFITS	BASIS FOR COST ESTIMATE			
F.I.C.A. & Medicare (.0765)				
PENSION/RETIREMENT				
LIFE INSURANCE				
MEDICAL INSURANCE				
UNEMPLOYMENT COMPENSATION				
WORKERS' COMPENSATION LIAB.				
OTHER (PLEASE IDENTIFY)				
FRINGE BENEFITS SUBTOTAL				\$
State/Federal Share	\$		TOTAL COST	I .
	Reminder: Be sure to add the Overtime Total Costs, State/Federal Share,			

instruction number six above.